

**Raintree Equestrian Center, LLC**  
**Release of Waiver of Liability**  
**Helmet Use Requirement**

I, \_\_\_\_\_, am aware of the Mississippi Liability Statute 95-11-7 stating an equine or livestock activity sponsor or an equine or livestock professional is not liable for an injury to or the death of a participant in equine activities or livestock shows resulting from the inherent risks of equine activities or livestock shows. By signing this Release and Waiver of Liability, I am seeking a variance to the helmet use requirement. I am participating in these activities, without a helmet, with the knowledge of the danger involved and agree to assume any and all risks of bodily injury, death or property damage.

I release Raintree Equestrian Center, LLC and any of their affiliated organizations and personnel from any and all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse, and legal representatives may have for the injury and damage resulting from my participation in any activities at Raintree Equestrian Center, LLC without wearing a helmet.

Raintree Equestrian Center, LLC highly recommends the use of an approved safety helmet at all times while riding a horse. **NO EXCEPTIONS.** - all children under the age of 18 **MUST** wear a properly fitted and fastened ASTM approved safety helmet at all times while mounted.

Participant/Releasor

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**YOU MUST BE 18 YEARS OF AGE OR OLDER TO SIGN ABOVE SECTION OF THIS DOCUMENT. ANYONE UNDER THE AGE OF 18 IN THE CARE OF A PARENT OR LEGAL GUARDIAN MUST WEAR A HELMET. NO EXCEPTIONS. PARENT OR LEGAL GUARDIAN MUST SIGN BELOW ACKNOWLEDGING THAT THEY UNDERSTAND AND WILL ADHERE TO HELMET SAFETY REQUIREMENTS.**

If the undersigned is a parent or the guardian of a junior exhibitor, the undersigned consents to the undersigned(s) child(s) participation in the event, agrees to all of the above provisions, and also agrees to assume all the obligations on the undersigned(s) child(s) behalf. The undersigned agrees that Raintree Equestrian Center, LLC, includes all of Raintree Equestrian Center's directors, officials, officers, and volunteers.

Name of Participant: \_\_\_\_\_

Date of Birth of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian Name:

Signature: \_\_\_\_\_